

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jose Moises Martinez
Name

(2) 1650 w 44th pl APT 117
Address (number and street)

Hialeah, FL, 33012
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

MAY 19 20 10:12 AM

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: City Council Group 5

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 01 / 2020 To 04 / 30 / 2020 Report Type: M4-2020

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 100.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 10.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 325.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 10.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Daisy Martinez
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Daisy Martinez
Signature

(Type name) Jose Martinez
 Candidate Chairperson (only for PC and PTY)

X Jose Martinez
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jose Moises Martinez (2) I.D. Number _____

(3) Cover Period 04 1 01 2020 through 04 1 30 2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
04, 15, 2020 1	Jose Martinez 1650 w 44th pl Apt 117 Hialeah, FL, 33012	I	Bread Distributor	check		DEL	\$100.00
04, 15, 2020 2	Jose Martinez 1650 w 44th pl Apt 117 Hialeah, FL, 33012	I	Bread Distribution	check		ADD	\$100.00
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jose Moises Martinez (2) I.D. Number _____
 (3) Cover Period 04/01/2020 through 04/30/2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
04/30/2020	Wells Fargo Bank 4299 NW 36th st Miami Springs, FL, 33166	Monthly Service Fee	Petty cash spent	DeL	\$10.00
1					
04/30/2020	Wells Fargo Bank 4299 NW 36th st Miami Springs, FL, 33166	Monthly Service Fee	Petty cash spent	ADD	\$10.00
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					